

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF NORTH CAROLINA  
WESTERN DIVISION  
CIVIL ACTION NO. 5:19-CV-00319**

**ANTHONY THOMPSON,**

**Plaintiff**

**v.**

**BALFOUR BEATTY  
INFRASTRUCTURE, INC.,  
BALFOUR BEATTY  
CONSTRUCTION LLC, BALFOUR  
BEATTY EQUIPMENT, LLC,  
BALFOUR ENTERPRISES, INC.,  
BRANDSAFWAY SERVICES LLC,  
SAFWAY GROUP HOLDINGS LLC,  
BRANDSAFWAY LLC,  
BRANDSAFWAY INDUSTRIES  
LLC, BRANDSAFWAY SOLUTIONS  
LLC, SAFWAY LLC,  
THYSSENKRUPP SAFWAY, INC.,  
and SAFWAY TRANSFER AND  
STORAGE, INC.**

**Defendants.**

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**AFFIDAVIT OF PROOF OF  
SERVICE BY CERTIFIED MAIL**

The undersigned, William H. Harkins, Jr., counsel of record for Plaintiff certifies that service of process pursuant to Rule 4(j) of the North Carolina Rules of Civil Procedure, was completed by mailing a copy of the **Amended Complaint, and Civil Summons** in this action to Defendant Thyssenkrupp Safway, Inc., via Certified Mail, Return Receipt Requested to:

Thyssenkrupp Safway, Inc.  
c/o Secretary of State  
Elaine Marshall, Registered Agent  
2 S. Salisbury St.  
Raleigh, NC 27601

Service of Process of the Amended Complaint with Civil Summons on June 28, 2019, as evidenced by the attached return receipt.

This the 23<sup>rd</sup> day of August, 2019.

BRENT ADAMS & ASSOCIATES

William H. Harkins Jr.  
State Bar No. 37899  
119 Lucknow Square  
Dunn, NC 28334  
Telephone: (910) 892-8177  
Facsimile: (910) 892-0652  
*Attorney for Plaintiff*

NORTH CAROLINA  
COUNTY OF WAKE

Subscribed to and sworn before me this 23<sup>rd</sup> day  
of August, 2019.

(SEAL)

NOTARY PUBLIC

My Commission Expires: 04/02/2022

**CERTIFICATE OF SERVICE**

I hereby certify that on August 23, 2019 I electronically filed the foregoing document with the Clerk of Court using the CM/ECF system which will send notification of filing to the following:

Young Moore & Henderson  
Brian O. Beverly  
PO Box 31627  
Raleigh, NC 27622  
*Attorney for Defendants*

This the 23<sup>rd</sup> day of August, 2019.

BRENT ADAMS & ASSOCIATES



---

William H. Harkins Jr.  
State Bar No. 37899  
119 Lucknow Square  
Dunn, NC 28334  
Telephone: (910) 892-8177  
Facsimile: (910) 892-0652  
*Attorney for Plaintiff*

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Thyssenkrupp Safway, Inc.  
c/o Secretary of State  
Elaine Marshall, Registered Agent  
2 South Salisbury Street  
Raleigh, NC 27601



9590 9402 4985 9063 7224 07

## 2. Article Number (Transfer from service label)

7015 0920 0001 6255 0500

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X **Secretary of State**  Agent  Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

JUN 28 2019

D. Is delivery address different from Item 1?  Yes  
If YES, enter delivery address below:  No**Mail Room**

## 3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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Thyssenkrupp Safway, Inc.  
PO Box 1991  
Milwaukee, WI 53201

Service of Process of the Amended Complaint with Civil Summons on July 29, 2019, as evidenced by the attached return receipt.

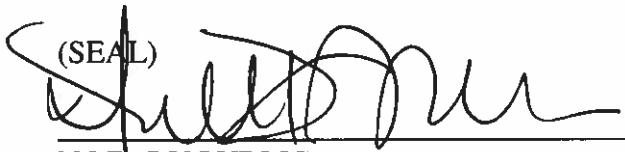
This the 23<sup>rd</sup> day of August, 2019.

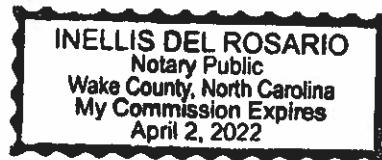
BRENT ADAMS & ASSOCIATES

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119 Lucknow Square  
Dunn, NC 28334  
Telephone: (910) 892-8177  
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*Attorney for Plaintiff*

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(SEAL)  
\_\_\_\_\_  
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- Attach this card to the back of the mailpiece, or on the front if space permits. **SOP**

1. Article Addressed to:

Thyssenkrupp Safway, Inc.  
P O Box 1991  
Milwaukee, WI 53201



9590 9402 3950 8060 9517 49

2. Article Number (Transfer from service label)

7018 1830 0001 8034 6903

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X *Donald L. Cope*

Agent  
 Addressee

## B. Received by (Printed Name)

*Donald L. Cope*

C. Date of Delivery  
**7-29-19**

D. Is delivery address different from item 1?  Yes  
 No

Delivery address below:



- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Restricted Delivery                     |   |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt